

Statement by Bernalillo County Commissioner Maggie Hart Stebbins to the Joint Meeting of the Courts Corrections and Justice Committee and Health and Human Services Committee

August 7, 2014

UNM School of Law

- Thank you Madame Chair, Chairman Madalena, Chairman Martinez and members of the committee for this opportunity to share with you some of the work being done by Bernalillo County to reduce our jail population and improve Behavioral Healthcare in our community
- My name is Maggie Hart Stebbins, I am a member of the Bernalillo County Commission,
- I am joined today by Lisa Simpson and Kelly Bradford who serve as part of our Adult Detention Reform Team.
- As some of you may be aware, we at Bernalillo County have struggled for more than two decades with our jail population. We have far more inmates in custody than should be expected in a community our size and our jail has been consistently overcrowded for most of the past 20 years.
- In 2013 we hired Ms. Simpson to work with us to identify and implement strategies to reduce our jail population.
- Ms. Simpson has **analyzed data** to identify key areas for improvement, and
- in collaboration with our criminal justice partners, we have undertaken a number of criminal justice reform initiatives that are already yielding results:
 - 25% of our jail population consisted of individuals waiting for a probation violation hearing - many of whom were waiting **in jail** 45 days for that hearing. Working with district court, the public defender, and the district attorney we have been able to create efficiencies in the system to reduce that wait time from 45 to 21 days.

- The County is funding a pro tem judge to preside over preliminary hearings, **a case initiation approach** that is used in other areas of the state but has not been used in Bernalillo County. It has the advantage of **exchanging discovery early** and having the DA, the public defender and a judge all looking at a case **early in the process**. Since beginning this program, 65% of the cases set for preliminary hearing have resolved at the time of the hearing.
- Reforms such as those have reduced our population from almost 3000 in November 2013, to about 2100 today.
- Our goal is to reduce the number of inmates to 1,950 – a number determined to be the optimal capacity of our jail.
- Much of that progress has come through the **Bernalillo County Criminal Justice Review Commission**, a body established by the legislature and managed by the Admin Office of the Courts. That commission brings together all the partners in the criminal justice system - law enforcement, /district court/metro court/the DA/and the PD's office to work on ways **to make the criminal justice system more efficient and eliminate roadblocks that keep people incarcerated longer than they should be**. We are grateful to all our partners for their willingness to come to the table to collaborate with us.
- While we are seeing progress as a result of our criminal justice reform initiatives, the progress is slower, and more difficult, in the area of developing **alternatives to incarceration**, especially for those with mental illness and substance abuse disorders.
- Over the past few months, we have all witnessed the tragic events in Albuquerque that, once again, have exposed the true costs of not providing adequate behavioral health services. Those events have exposed a **behavioral care system in crisis** and made it clear to all of us, and the public, that things need to change.
- After five years on the BCC, I have come to believe that providing adequate behavioral health services is one of the most important steps we can take to make our communities safer.
- And it seems that we have to make a choice

about how treat the **people in our state who struggle with mental illness and addiction.**

- Do we help them through our healthcare system? Or, do we deal with them through our criminal justice system? **Because it is often one or the other**
- **There is a clearly demonstrated correlation** between **untreated** behavioral health disorders and
 - substance abuse,
 - homelessness,
 - violence and other circumstances that bring people into our criminal justice system.
- **Often at great cost to our community.**
- Let me give you an example: ABQ Journal April 15, 2010. “ 23-year old gets 30-year sentence”for 31 felony counts –
 - young man with a history of mental health issues/
 - **age 19 cut off Medicaid – cut off his legal meds**
 - began self-medicating with street drugs and stealing to support his habit.
 - NM taxpayers are going to pay to incarcerate him for 15-30 years.
- 15 years@\$34k = \$510,000 - 30 years = over \$1 million
- **add to that the cost of the criminal justice system/and the trauma suffered by his victims = huge cost to this community**
- Sadly, that story is repeated throughout Bernalillo County and the state of NM
- I kept this article because it struck me we could do better:
 - **for better that young man,**
 - **better for the safety of our communities, and**
 - **better for the taxpayer**
- that it would be **more cost effective** to find a way to provide the behavioral health services that people need to stay healthy.

- At Bernalillo County we struggle with the financial challenge of **untreated mental illness** on a daily basis at our **county jail** because often people who can't get the treatment they need end up at the doorstep of MDC:
- Mr. Chairman, Members of the Committee: Over 50 percent of our jail population has a diagnosed mental health disorder. Studies indicate that the true number is likely much higher.
- Developmentally disabled, ADHD, bio polar affective disorder, mood disorder, major depressive disorder, schizophrenia, PTSD. Those are a few of the typical disorders of our inmates.
- Today, MDC is the largest provider of behavioral health services in New Mexico.
- **First Responders and Law Enforcement have** told us on several occasions that when they encounter an individual experiencing a mental health crisis, they are often faced with two choices—try to get them admitted to UNMH-Psychiatric Emergency Services, or take them to jail.
- As we have discovered, UNMH-PES has very strict criteria for admittance, and more often than not, those needing immediate mental health care are taken to our jail. UNMH admits only 15% of those brought to their door
- The fact that there is **no other alternative resource for first responders or law enforcement**
- has highlighted that there is a tremendous gap in the availability of services for people who are experiencing a behavioral health crisis
- Unfortunately, over the last 10-12 years we have seen a significant decrease in the availability of community behavioral health services in what are termed “intermediate levels of care” and “social service supports”--

decreases in services such as:

- Comprehensive Outpatient Programs w/ Wrap Around Services
- Specialized Residential Treatment Services
- Psychiatric Social Rehabilitation Services
- Supportive Housing
- Comprehensive Case Management—And let me just say, that what is required of MCOs in the current Centennial Care Contracts - Care Coordinators - does not constitute Comprehensive Case Management. Under the Centennial Care contracts, “Care coordination” even for the highest risk category requires only a face to face visit once every three months and a monthly phone call. that is unlikely to be adequate for management of many mental illnesses
- Our jail population is driven by the lack of community intermediate social services and behavioral healthcare, **yet with the expansion of Medicaid and mental health parity; it is entirely possible to rebuild those services in our community.**
- As I have been meeting with provider agencies to better understand these issues, I am told that while **the federal Medicaid program allows for reimbursement of many of these services under a variety of options and waivers**, Centennial Care, through a combination of restrictions, multiple layers of approval requirements, excessive documentation, and low reimbursement rates, has in effect resulted in people having **no access** to the care they need—either because the services simply no longer exist (they’ve closed their doors), providers won’t take Medicaid because the reimbursement rate is too low, or the criteria for consumers to access services is too narrow.
- Regarding reimbursement rates, payment to behavioral health providers lags far behind the cost of doing business. While it is my understanding that HSD has announced a 7.5% increase for SOME outpatient behavioral health services, this should be viewed as only the beginning to try to bring reimbursement rates in line with provider costs.

- Wrap around and case management services are also in need of new reimbursement methods. The current fee-for-service model has limitations, and in fact **a public health grant funding model** may be much more efficient for both the providers and the patients while being able to better measure patient outcomes.
- I also hear that the MCO's are currently incentivized to limit care in order to minimize costs and increase profits. This includes limitations related to service delivery and billing that are not consistent with providing comprehensive services to patients.
- It is in that area, Mr. Chairman, and Members of the Committee that we desperately need the state's support and collaboration to rebuild our capacity to meet the behavioral health care needs IN our community, and not in Jail.
- Two projects that we are currently working on and **that could be supported by fully utilizing the options available through Medicaid** and with state General Funds include the development of a Crisis Triage Center, and a Supportive Housing Initiative
- A Crisis Triage Center would provide triage, stabilization, Respite and Case Management Services. We also envision the creation of Mobile Crisis Teams to support law enforcement in the field when they encounter an individual experiencing a mental health crisis. A white paper on the crisis triage project has been handed out to you.
- This is not a new idea—in 2004 the City of Albuquerque commissioned a study to explore the creation of a Crisis Triage Center—and it is from that study that we are developing our efforts.
- In 2011, your esteemed colleague, Rep. Rick Miera, sponsored House Joint Memorial 17, requesting the behavioral health purchasing collaborative and its member departments to **study the needs of and available resources for people with mental health disorders in crisis situations and to develop strategies to reduce the number of people with mental health disorders who are in detention facilities or require law enforcement intervention**
- The HJM 17 task force made a number of recommendations: first among them was the

1. development and funding of regional crisis triage sites

Currently law enforcement officers in most areas of the state will take a person who is experiencing an acute mental health crisis to a detention facility because there is no alternative. Hospitals will not hold someone unless they are an imminent threat to themselves or others. In the absence of a safe place in the community for an individual in crisis to be evaluated and stabilized, **jails and juvenile detention centers are used for protective custody**. This further traumatizes the individual and is not the purpose of incarceration.

- If we create a regional crisis triage center, law enforcement and first responders could bring individuals who are suffering a mental health crisis to the facility for assessment, stabilization, and short term treatment. Patients would then be connected to community treatment providers for ongoing care. Individual walk-ins and family referrals would also be accepted.
- States all across the Country are funding Crisis Triage Centers. They are doing so primarily through a combination of state general funds, Medicaid match, and Medicaid, including the Medicaid Rehabilitation Option, and waiver funds.
- Some states also are using federal grant funding such as SAMHSA's Mental Health and Substance Abuse Block Grants, Projects for Assistance in Transition from Homelessness (PATH) grants, and Cross Area Service Program (CASP) grants.
- We anticipate that the Crisis Triage Center in BernCo would require an annual operating budget of approximately \$2.9 M.
- Ms. Simpson has done some analysis of this and her research suggests that by fully utilizing Medicaid, nearly ½ of the costs associated with operating such a facility could be covered.
- **2. Another recommendation of HJM 17 - Supportive Housing:** This past June, the Bernalillo County Commission voted to authorize \$1.1 M to create supportive housing for individuals who are involved with the justice system, have a mental illness, and are homeless or have unstable housing.

- As you heard yesterday, Mental Illness, homelessness, and incarceration often go hand in hand.
- It is not unusual for a person with an untreated mental illness to become homeless and then become involved with the justice system, and because they have nowhere to go once released from jail, to decompensate and end up right back in jail.
- In an effort to reduce the rate of recidivism among this population we are investing in supportive housing that will include support services such as case management.
- However, \$1.1M is not nearly enough.
- We are working with the City of Albuquerque—the Mayor, and members of the City Council—who have expressed an interest in providing additional funding.
- And, here again, we look to the State to help us fully utilize state general funds for behavioral healthcare and Medicaid options and waivers to support and expand this critical component for addressing community behavioral health needs.
- A \$1M match from the state would help us set up 75 more units.
- **3. Creation of Community Engagement Teams.**
- Bernalillo County is evaluating the potential of developing and implementing a pilot community engagement team to enhance the network of services available to individuals in crisis. This project is patterned after the provisions in HB 558 that was sponsored by Representative Rick Miera in the 2013 legislative session and was passed in a nearly unanimous vote by both chambers and unfortunately pocket vetoed by Governor Martinez.
- Staff is presently analyzing whether Medicaid could cover such services and whether the Medicaid MCO's and the area hospitals would assist in supporting such an effort.
- Bernalillo County will include that item on our 2015 legislative resolution asking the legislature to support the enactment of a statewide community engagement teams program.

- I would like to Conclude by talking about one of my personal priorities – how we care for children in our state who are suffering from behavioral health conditions:
- **Data shows that** identifying and treating behavioral health conditions in children **can produce much better outcomes and significant long term cost savings so it's important that children have access to early intervention and the behavioral health services they need.**
- **One strategy for providing that access is through Medicaid in the Schools**
- Included in Bernalillo County's legislative resolution last year was an item asking for more funding for behavioral health services in our schools. Given the short session there was no formal request for specific funding; however, Senate Pro-Tem Mary Kay Papen convened several meetings with the Medicaid MCO's, and school officials from Dona Ana County and the Albuquerque Public Schools and behavioral healthcare providers.
- Those meetings involved some brainstorming regarding how behavioral health services could best be funded and provided through the schools, community centers and other venues that serve school age children. We also discussed the potential for maximizing Medicaid funding and school funding formula appropriations for such purposes.
- I am hoping we can bring those stakeholders together in the next month to continue the dialog and develop proposals for consideration by HSD, PED, the Medicaid MCO's and providers and develop recommendations for legislative consideration next session.
- **At Bernalillo County, we are working on the problem of opiate abuse among teens.**
- **I'm sure you have all seen the statistics about drug overdose deaths in New Mexico** and I won't repeat them here other than to say that NM has the highest rates in the United States and half those deaths occur in Bernalillo County.
- Bernalillo County has **collaborated with Turquoise Lodge & State of NM at our MATS facility** to provide 20 new in-patient treatment beds for adolescents struggling with addictions

- With the legislature's help, we have been working with the Heroin Awareness Committee/Healing Addiction in our Community to create a facility to provide supportive aftercare for adolescents recovering from addictions. The facility will give adolescents a place to live and services to continue their recovery if they can't return to their homes.
- On next week's agenda, the BernCo commission will vote to appropriate funding to purchase a property to house that program.
- Again, Medicaid coverage of intermediate levels of care will be essential in making that facility successful
- Thanks to Tom Swisstack (Bernalillo County Deputy County Manager for Public Safety) and Katrina Hotrum (Director, Substance Abuse Programs, Bernalillo County)
- In Conclusion, we at the County are doing all we can to address our jail overcrowding issues through a number of criminal justice reform initiatives, - and alternatives to incarceration by developing community behavioral health services, such as a Crisis Triage Center, and Supportive Housing.
- We want and need for the State of New Mexico to be a partner in these efforts.
- We also need the state to fully support our efforts to **enroll inmates in Medicaid prior to release** so that they may immediately begin to access services once they are out of jail; for people with mental illness that can mean the difference between sustained stability and rapid decompensation.
- As elected officials, we all know that behavioral health has been a problem here in New Mexico for a long time. Recent tragedies have made that clear to the public and I believe we have the political will and an opportunity right now to make investments in the behavioral health system that will provide better outcomes for patients and long-term cost savings for NM taxpayers.
- At Bernalillo County, we are willing to do our part – and look forward to working with you to make that happen.
- Thank you and I am happy to stand for questions.

- Lisa Simpson and Kelly Bradford are also available to answer any questions you may have.

Presenters:

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